



Transportation Release

For: _____
Name of Client **Client Date of Birth**

I have asked an Emerge staff member to provide transportation for my child on an ongoing basis as needed. Additionally, staff members of Emerge have my permission to transport my child in case of an emergency.

I realize that transportation involves risk of injury and/or death. I, therefore, release and hold harmless Emerge and its staff from any and all liability for any injury arising from the transportation of my child. I understand that this waives my potential rights to pursue a claim against Emerge should injury or death occur during the transportation or while my child is in the care of an Emerge staff member.

In the event of accident or illness which should occur during transportation, I give permission for the above named child to be treated at the hospital listed on my child’s medical emergency form, or by private physician, emergency medical technician or dentist. I understand that a reasonable attempt will be made to contact me immediately. I will be wholly responsible for any and all medical expenses incurred by Emerge and/or any of its representatives.

Emerge maintains an approved driver list and this release is only valid for those drivers. Approval is based upon proof of a good driving record, proof of insurance and an up-to-date car registration.

By signing this agreement, I indicate that I have read and understand it.

Parent/Guardian Signature

Date

Print Name